

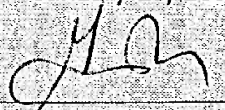


CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service in First Class mail in an envelope addressed to:

"Commissioner for Patents"
P.O. Box 1450
Alexandria, VA 22313-1450

on January 26, 2004


Gerard J. McGowan, Jr.
Reg. No. 29,412
Attorney for Applicant

January 26, 2004
Date of Signature

PATENT

CASE #F3238(C)
UNUS #99-0334-UNI

RECEIVED
FEB 09 2004
TC 1700

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Bakker et al.
Serial No.: 09/577,306
Filed: May 24, 2000
For: PROCESS AND APPARATUS FOR PRODUCTION OF A FROZEN PRODUCT

Group: 1723
Examiner: D. Sorkin
Edgewater, New Jersey 07020

AMENDMENT

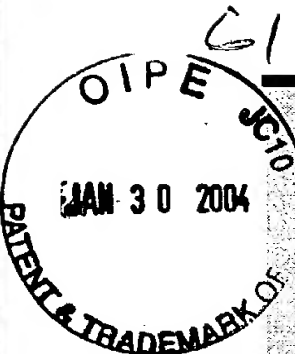
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed July 24, 2003, a three month extension of time for response to which is being requested, please amend the application as follows:

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.



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Attorney for Applicant

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Date of Signature

UNITED STATES DEPT. OF COMMERCE
Patent and Trademark Office

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

AF/723
5
RECEIVED
FEB 09 2004
TC 1700

In re application of: Bakker et al.
Serial No.: 09/577,306
Filed: May 24, 2000
For: PROCESS AND APPARATUS FOR THE PRODUCTION OF A FROZEN FOOD PRODUCT
Group: 1723
Examiner: D. Sorkin
Edgewater, New Jersey 07020

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.
[X] No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus			\$ 18.00	
Independent Claims		Minus			\$ 86.00	
Multiple Claims					\$ 290.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$-----	

*If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

**If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.

[] Charge \$_____ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.
[X] The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under
[X] 37 C.F.R. § 1.16;
[X] 37 C.F.R. § 1.17;
[X] 37 C.F.R. § 1.18.
Triplicate copies of this letter are enclosed.

/gjm
(201) 840-2297

Gerard J. McGowan, Jr.
Attorney of Record
Reg. #29,412